## 1080000025249

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SECRETARY OF STATE
TALLAHASSEE, FI DATE

D. BRUCE

MAY 20 2009

**EXAMINER** 

## . COVER LETTER

TO: Registration S Division of Co	Section orporations		
SUBJECT:	STREET C	CHAMELEON, LLC	
	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are su	_	
Please return all corres	pondence concerning this matte	r to the following:	
		Evan J. Malmuth	
STRE		Name of Person	
		EET CHAMELEON, LLC	
	<del></del>		
		Address	
		Miami, Florida 33133	
	<del> </del>	City/State and Zip Code	
	е	bulletjames@aol.com	
	E-mail address: (	to be used for future annual report notifica	tion) Projection
For further information	concerning this matter, please of	call:	O9 MAY
Eze	ll McDowell, Jr.	at (	45-1384 SSA 9
Name	of Person	Area Code & Daytime T	elephone Number
			OF STA
Enclosed is a check for	the following amount:		S7
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Link	T CHAMELEON, LI		<del></del>
(Name of the Limited Liab (A Flori	<mark>ility Company as it now appe</mark> da Limited Liability Company	)	
The Articles of Organization for this Limited Liabilit Florida document numberL08000025249	· · · -	MARCH 11,2008	and assigned
This amendment is submitted to amend the following	<b>3</b> :		
A. If amending name, enter the new name of the	limited liability company h	ere:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Com	pany," the designation "LL	C" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			99 HAY
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	ŗ	\$2.00 F
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on ddress here:	our records, enter	OF A M
Name of New Registered Agent:			
New Registered Office Address:	E	inter Florida street addre	SS
		. Florida	
_	City	, Fiorida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	= Manager M = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	<del></del>		Add Remove
·	<u> </u>		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If a		ange(s) here: (Attach additional sheets, if necessary Malmuth, a married couple, are the sole	) 
	Member-Managers of Street Char	meleon, LLC. They amend the Articles of O	or- 72 s
		berships are held by Tenants In Entirety pu	-C 3
	suant to Florida state law.		TARY ASSEE
			EFFOR
Dated _	May 12 ,	2009	AMII: 57 OF STATE ORIGA
	Signature of a mem	aber of authorized representative of a member	
	-	Evan J. Malmuth	
	Tyl	ped or printed name of signee	<u>-</u>

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Filing Fee: \$25.00